

# ORIENTATION TO SUPERVISION



WESTERN DISTRICT OF MISSOURI

## **GENERAL INFORMATION**

**OFFICE HOURS:** 8:15 a.m. to 5:00 p.m.

Monday through Friday

Check with your assigned U.S. probation officer for their exact work hours.

The Probation Office's website is [www.mow.uscourts.gov/probation\\_pretrial/](http://www.mow.uscourts.gov/probation_pretrial/)

The Western District of Missouri has three offices. Below are the addresses and phone numbers:

United States Probation Office  
400 East 9th Street  
Suite 4510  
Kansas City, MO 64106  
(816) 512-1300 or toll free (888) 609-7664  
FAX: (816) 512-1313

United States Probation Office  
222 N. John Q. Hammons Parkway  
Suite 1400  
Springfield, MO 65806  
(417) 831-4494 or toll free (800) 333-3770  
FAX: (417) 864-6583

United States Probation Office  
80 Lafayette Street  
Suite 1230  
Jefferson City, MO 65101  
(573) 634-3293 or toll free (800) 550-8012  
FAX: (573) 634-4908

## **FORWARD**

The purpose of this supervision orientation handbook is to convey the definitions, procedures, and requirements which constitute supervised release, probation, and parole.

If this handbook is being read to you because you are unable to read it or fully comprehend all of the language that is used, your probation officer may be able to refer you for further reading, writing, and/or other training.

We hope you have a successful and productive supervision experience.

Kevin F. Lyon  
Chief U.S. Probation Officer

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APPENDIX A = Request/Permission to Travel Form

APPENDIX B = Western District of Missouri Map

APPENDIX C = Monthly Supervision Report

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APPENDIX E = Net Worth Statement

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APPENDIX G = Information Relating to Unlawful Possession of Firearms

## INTRODUCTION

As part of your sentence, you will be supervised in the community by a U.S. probation officer. Your supervision may be probation, supervised release, or parole. In any event, the conditions will be essentially the same. The purpose of supervision is to enforce compliance with the conditions of release, to protect the public by minimizing risk, to make rehabilitative services available to you, and to assist you in maintaining a law-abiding lifestyle. You need to be aware that every violation of your supervision will have a consequence and may result in revocation. United States probation officers serve as officers of the Court and as agents of the U.S. Parole Commission. They are responsible for the supervision of all persons who are conditionally released to the community by the Courts, the Parole Commission, the Federal Bureau of Prisons, and military authorities. Their supervision mission is to execute the sentence, control risk, and to promote law-abiding behavior.

To accomplish these objectives, the probation officer assigned to you has the following responsibilities:

- To instruct you as to the conditions specified by the Court or the Parole Commission.
- To keep informed as to your compliance with the conditions of your supervision.
- To keep informed as to your conduct and to report your conduct and status to the sentencing Court or Parole Commission.
- To use all suitable methods consistent with the conditions specified by the Court or Parole Commission and to bring about improvements in your conduct and your situation.
- To assess the level of risk you may pose to the community and establish a supervision plan in order to minimize your risk to the community.
- To utilize risk-control supervision activities such as, but not limited to, verifying your employment and sources of income, investigating your financial situation, monitoring your associations, conducting record checks, placing restrictions on your travel, and testing you for the use of drugs and alcohol.
- To request modification of the conditions of supervision in order to reduce risk, if necessary. Such modifications may include electronic monitoring, halfway house placement, and/or participation in treatment.
- To systematically review your conduct and your situation and revise your supervision plan in accordance with the changes in your level of risk to the community.

- To assess the problems you may be experiencing that are likely to be associated with future criminal conduct such as unemployment, drug problems, alcohol problems, mental health issues, financial problems, lack of residence, family problems, and to develop a plan to address these problems.
- To refer you to the community resources which will assist you in dealing with these problems.

## **MANDATORY CONDITIONS OF SUPERVISION**

This supervision orientation handbook will explain thoroughly the conditions, the purpose for each condition, and what is required of you to be in compliance with each condition. Your probation officer will instruct you on your specific conditions. These possibly will include the special conditions covered in this handbook. You will receive a copy of the judgment, at which time it is imperative that you ask your probation officer to clarify any issues or questions concerning your release. The conditions may vary because of the type of supervision and/or the year you were sentenced. The list below will cover any condition for probation, parole, and supervised release as long as it is not a special condition. Take the time to compare your conditions with the following list and, again, ask your probation officer for any necessary clarification.

### **YOU SHALL NOT COMMIT ANOTHER FEDERAL, STATE, OR LOCAL CRIME DURING THE PERIOD OF SUPERVISION.**

The probation officer monitors this condition through contact with local law enforcement officials, periodic criminal records checks, and other means available. An arrest in itself may constitute a violation of this condition.

If you are involved in any type of criminal activity, whether or not you are charged, you pose a significant risk to the community. Violations of the law are immediately reported to the Court. Based on the seriousness of the offense and the risk you pose to the community, a recommendation may be made to the Court to proceed with a violation hearing prior to a conviction.

### **YOU SHALL NOT ILLEGALLY POSSESS A CONTROLLED SUBSTANCE**

Controlled substances or paraphernalia, unless prescribed by a physician, should not be taken or possessed by any person under supervision. This includes the medications of friends or family members. The use of nonprescription medication which results in a positive urinalysis will result in notification to the District Court or the Parole Commission for further action. You shall provide your probation officer with information on any prescribed medications. The person prescribing the medication may be contacted for verification and/or clarification, if needed.

Your possession of controlled substances poses a significant risk to the community. Any use of illicit substances while under supervision in this district will not be tolerated and may result in revocation proceedings. The Anti-Drug Abuse Act of 1988 requires revocation if an offender is found by the Court or the U.S. Parole Commission to be in possession of a controlled substance. The illegal use of controlled substances may be considered to be constructive possession of that substance.

It is imperative that you understand that your probation officer has the right to confiscate any contraband located on your person or in your car or in your residence. The contraband can then be turned over to the authorities for criminal proceedings and/or a revocation hearing.

Persons convicted of offenses committed after September 13, 1994, are required to submit one drug test within 15 days of release on probation or supervised release and at least two periodic drug tests within the first 60 days of supervision, as directed by the probation officer. Cases with a special condition for chemical testing may mandate increased testing or other court-ordered treatment. Your probation officer may instruct you to participate in random chemical testing.

### **SEX OFFENDERS SHALL COMPLY WITH REGISTRATION REQUIREMENTS**

If you are an offender described in Title 18, United States Code, Section 4042(c)(4) (sex offender), you shall report the address where you will reside and any subsequent change of residence to your probation officer, and you shall register in any state where you reside, are employed, carry on a vocation, or are a student.

### **VIOLENT OFFENDERS SHALL COMPLY WITH DNA COLLECTION REQUIREMENTS**

You shall cooperate in the collection of a DNA sample if you have been convicted of certain federal qualifying offenses and a DNA sample has not been collected before your release from the Federal Bureau of Prisons.

### **OFFENDERS CONVICTED OF DOMESTIC VIOLENCE OFFENSES SHALL PARTICIPATE IN AN APPROVED REHABILITATION PROGRAM**

If you are an offender convicted for the first time of a domestic violence offense as described in Title 18, United States Code, Section 3561(b), you shall attend a public, private, or private nonprofit offender rehabilitation program that has been approved by the Court, in consultation with a State Coalition Against Domestic Violence or other appropriate experts, if an approved program is readily available within a 50-mile radius of your legal residence.

### **YOU SHALL PAY A FINE IF ORDERED TO DO SO AS PART OF YOUR SENTENCE**

If the Court has imposed and ordered execution of a fine, you shall pay the fine or adhere to the court-established installment schedule.



## **STANDARD CONDITIONS OF SUPERVISION**

### **1. YOU SHALL NOT LEAVE THE WESTERN DISTRICT OF MISSOURI WITHOUT THE PERMISSION OF THE COURT OR THE PROBATION OFFICER**

It is your responsibility to keep the Probation Office informed of your whereabouts at all times. You shall not leave the Western District of Missouri without specific permission. A map of the Western District of Missouri is attached in Appendix B. Unless otherwise instructed by your probation officer, you may travel within the counties outlined on the map without special permission. All other travel requests within the continental United States should be made at least 14 days in advance. There are travel restrictions in certain areas of the United States. Therefore, it is suggested that any travel should be discussed well in advance with your probation officer.

Travel may be denied at the discretion of your probation officer. Among the reasons to deny are the following:

- a. Your conviction or past criminal behavior involved extensive travel.
- b. You are not current on fine or restitution payments or community service hours.
- c. You are not in compliance with all conditions of supervision.
- d. The probation officer is unable to verify your travel.
- e. Your travel would interfere with court-ordered treatment.
- f. The district to which you plan to travel has certain restrictions which prohibit you from traveling.
- g. Your travel presents a risk to a third party.
- h. Your probation officer determines that your travel may jeopardize compliance with your conditions.
- i. You have pending criminal charges.
- j. You are residing in a community corrections center or are participating in home detention.

In the event you plan to travel, you must complete a Travel Request/Permission form. Requests submitted less than 14 working days in advance may not be approved. Please note, all travel

information will be verified. A Travel Request/Permission form can be secured from your probation officer, the receptionist, or the website. If your travel request is approved, the Travel Request/Permission form will be returned to you with your officer's approval noted and any special reporting instructions indicated. This form must be maintained and be immediately accessible for the duration of the travel. A copy of the Travel Request/Permission form can be found in Appendix A.

Any travel outside the continental United States, including travel to Hawaii and Alaska, can be approved only by the Court or by the U.S. Parole Commission. Approval from the country to which you wish to travel may also be required. The request must be submitted at least six weeks in advance. Exceptions may be made for emergencies, such as a serious family illness or death. These situations will be evaluated on a case-by-case basis, and extensive communication with your probation officer will be necessary.

You will generally not be allowed to travel outside the district during the first 60 days of supervision.

You may be required to report to the U.S. Probation Office in the district to which you are traveling. You are required to contact your probation officer or the Probation Office within 24 hours of your return.

**2. YOU SHALL REPORT TO THE PROBATION OFFICER WITHIN 72 HOURS OF RELEASE, AND AS DIRECTED BY THE COURT OR PROBATION OFFICER, AND SHALL SUBMIT A TRUTHFUL AND COMPLETE WRITTEN REPORT WITHIN THE FIRST FIVE DAYS OF EACH MONTH.**

Report as Directed

In order to maintain knowledge of your current status and situation, your probation officer will meet with you periodically. The frequency with which you are seen by your probation officer is based on your risk to the community, your compliance with all of the conditions of supervision, and the types of problems you may be experiencing.

You must report to the probation officer as directed. You must permit your probation officer to contact you at your residence, employment, or elsewhere with or without an appointment; and you must make yourself available for meetings with your probation officer.

Periodically, you may be required to submit copies of state and federal income tax returns, both personal and corporate, if applicable, to your probation officer.

You may also be required to provide other documentation during meetings with your probation officer. These include, but are not limited to, bank statements, copies of bills, copies of legal documents (e.g., bankruptcy discharge, lawsuit, etc.), copies of checks, court registries, and statements of earnings.

The probation officer must verify your source of income and its legitimacy; therefore, he/she will request that you provide a copy of your earnings statement for the month. This office will try to avoid interfering with your employment, if possible; but your case, conditions, or circumstances may demand contact in lieu of, or in addition to, written documentation.

### Submitting Monthly Supervision Reports

You must also provide written monthly documentation of your status in the form of a written Monthly Supervision Report. It is imperative that you provide complete information in this report. Do not hesitate to include other correspondence or written communication to your probation officer with this report if you are unable to convey the information using the document provided.

**This report must be submitted on or between the first and fifth day of each month (first and third day for parole cases). Failure to do so is a violation of your supervision. It may result in revocation of your mailing privileges and require that you hand deliver the report to the office each month. Multiple instances of noncompliance may result in court action.**

All information must be accurate and truthful. Your probation officer will closely review these reports. A sample report is included in Appendix C for your reference. The Monthly Supervision Report is available on our website.

You must sign the report, acknowledging that the information is complete, correct, and truthful. Inclusion of information on the written monthly report does not release you of the responsibility to report information verbally, such as an arrest, as required.

You must attach your statement of earnings to the report each month along with any additional documentation that the report or the probation officer asks for, such as copies of tickets, summonses, or other court documents.

**WARNING: Providing false information on the Monthly Supervision Report could result in revocation of your supervision and the possibility of an Indictment for false statements, which could lead to a new conviction.**

### **3. YOU SHALL NOT POSSESS A FIREARM, DESTRUCTIVE DEVICE, OR OTHER DANGEROUS WEAPON.**

Federal law forbids persons with a felony conviction for any crime or a misdemeanor conviction for domestic violence to possess firearms, ammunition, or explosives. Violation of these laws is a violation of probation, parole, and supervised release and could result in an additional term of imprisonment for that violation.

Possession of a firearm is defined as your ability to have access to a firearm. If you live with someone who has a firearm and you have access to it, you are considered to be in possession and in violation of this condition.

Additionally, you should be aware that Title 18, United States Code, Sections 3565(b) and 3583(g), provide that supervision must be revoked if a person on probation or supervised release for a felony is in possession of a firearm. The prohibition includes misdemeanors, if a special condition has been imposed prohibiting possession of a firearm. Our general office policy is that offenders convicted of misdemeanor offenses will not be allowed to possess a firearm. However, this issue should be discussed with your probation officer.

Questions relative to the restoration of the right to possess or own firearms after completion of supervision should be directed to the Springfield or Kansas City, Missouri, Bureau of Alcohol, Tobacco, Firearms, and Explosives. Without a waiver from the Bureau of Alcohol, Tobacco, Firearms, and Explosives, convicted felons can never possess a firearm without being in violation of the law, even if the firearm is not registered to them.

Such items as hunting knives, bows, arrows, starter pistols, replica firearms, and weapons used in martial arts are considered dangerous weapons and are generally not permissible. You need to advise your probation officer if you have any of these items. Depending on your criminal history, adjustment, etc., permission may be sought for exceptions. If your work requires such items and you have any questions, immediately inform your probation officer of the item and request his/her permission for its use.

**4. YOU SHALL ANSWER TRUTHFULLY ALL INQUIRIES BY THE PROBATION OFFICER AND FOLLOW THE INSTRUCTIONS OF THE PROBATION OFFICER.**

The probation officer is responsible for maintaining a thorough knowledge of your current status and situation. For this reason, you will be asked about many aspects of your life. You are required to answer these inquiries truthfully.

It is important to understand that this is a broad and comprehensive condition. Your probation officer may instruct you on a variety of issues. These instructions are for your welfare and related to the compliance with your conditions.

**5. YOU SHALL SUPPORT YOUR DEPENDENTS AND MEET OTHER FAMILY RESPONSIBILITIES.**

The probation officer will meet periodically with family members or significant others to verify that you are meeting your family responsibilities.

During the first 60 days of supervision, your probation officer may meet with family members or significant others to explain how the supervision process will impact them. This will include the impact on family lifestyles, restrictions on travel, firearms in the home, and an explanation of possible penalties so that they are aware of the consequences of noncompliance.

If you have been ordered to pay child support, your probation officer will require you to provide verification each month that you made the payment. You may be required to attach a copy of your child support payment to the Monthly Supervision Report.

The probation officer will periodically inquire about your finances in order to verify that you are meeting your family responsibilities and to verify that you are living within your means.

**6. YOU SHALL WORK REGULARLY AT A LAWFUL OCCUPATION UNLESS EXCUSED BY YOUR PROBATION OFFICER FOR SCHOOLING, TRAINING, OR OTHER ACCEPTABLE REASONS.**

A lawful occupation should include payment by check, deductions for federal and state taxes, and deductions for Social Security taxes, if appropriate. In many cases, it will not be acceptable to receive cash payments for employment. If you are self-employed, you are required to file a quarterly Statement of Earnings and submit payments to the Internal Revenue Service.

The probation officer may periodically contact you at your place of employment in order to verify employment.

Self-employment is allowed only on an individual, approved basis. At a minimum, the following criteria must be met, depending on the individual's situation:

- a. It has been verified that the business is legitimate.
- b. The business has been properly licensed, registered, incorporated, etc., if applicable.
- c. The business has the required insurance; i.e. Workmen's Compensation.
- d. The probation officer may periodically review the business records, including all financial records.
- e. All taxes are being paid, and verification is being provided.
- f. The probation officer is given the following information:
  - 1) Names, addresses, and telephone numbers of all corporate officers.
  - 2) Federal Employer Identification Number.
  - 3) Names and addresses of all business bank accounts and account numbers.
  - 4) Additional material as requested.

**7. YOU SHALL NOTIFY YOUR PROBATION OFFICER AT LEAST TEN DAYS PRIOR TO ANY CHANGE IN RESIDENCE OR EMPLOYMENT.**

Maintaining a stable residence and full-time employment are important factors to successful completion of supervision. Individuals who work consistent, full-time jobs tend to adjust to and complete their supervision successfully.

Any job changes should be discussed with your probation officer prior to making the change. You should not quit your job unless you have been offered another job. The probation officer may verify the reason for termination of employment. Additionally, you should discuss any proposed changes in residence with your probation officer prior to changing your residence.

Your probation officer can assist you with job leads and referrals. If you become unemployed, you will be required to seek employment immediately and keep track of your progress. Your probation officer may supply you with a form in order to record your employment contacts, and this shall be returned to the probation officer as directed.

**8. YOU SHALL REFRAIN FROM EXCESSIVE USE OF ALCOHOL AND SHALL NOT PURCHASE, POSSESS, USE, DISTRIBUTE, OR ADMINISTER ANY CONTROLLED SUBSTANCE OR PARAPHERNALIA RELATED TO ANY CONTROLLED SUBSTANCE, EXCEPT AS PRESCRIBED BY A PHYSICIAN.**

Excessive use of alcohol refers to any use of alcohol that adversely affects your employment, your relationships, or your ability to comply with the conditions of supervision. This includes the use of alcohol which results in the violation of any local, state, or federal laws including disorderly conduct, public intoxication, and/or driving under the influence. If you are unable to function to the satisfaction of your probation officer because of alcohol use, this constitutes a violation of the condition. If you have a history of drug or alcohol abuse, you may be required to abstain from alcohol completely.

At no time are you to be in possession of, or use, illegally obtained controlled substances or drug paraphernalia. If you are in an environment when these items are present, you must leave.

The probation officer may instruct you to submit to urinalysis, sweat patch, and/or Breathalyzer testing at any time. If you are on supervision and do not have a condition to be drug and/or alcohol tested, your probation officer may also instruct you to participate in testing. Refusal to participate may result in a modification of your supervision conditions. This can be accomplished either by voluntary or court-ordered action.

If the probation officer has evidence that you are relapsing, developing problems with alcohol, or have a history of problems, the probation officer may petition the Court or Parole Commission for a modification of your conditions. Your probation officer will refer you to treatment to address these problems.

**9. YOU SHALL NOT FREQUENT PLACES WHERE CONTROLLED SUBSTANCES ARE ILLEGALLY SOLD, DISTRIBUTED, OR ADMINISTERED.**

In order to maintain a law-biding lifestyle, you shall avoid places and situations where illegal activity occurs. This means that you should use good judgment and common sense regarding the places you visit and individuals with whom you associate.

**10. YOU SHALL NOT ASSOCIATE WITH ANY PERSONS ENGAGED IN CRIMINAL ACTIVITY AND SHALL NOT ASSOCIATE WITH ANY PERSON CONVICTED OF A FELONY UNLESS GRANTED PERMISSION TO DO SO BY THE PROBATION OFFICER.**

Association is defined as any planned, prolonged, or repeated personal, telephonic, or written contact with a person having a felony record or engaging in criminal activity. Incidental contact is not considered association. In the event you have casual contact with a person having a felony record, you will have to report this on your Monthly Supervision Report. If you are contacted by a known felon, immediately contact your probation officer.

Incidental contact on a job site is not considered criminal association.

Association with any convicted family member must also be approved by the probation officer.

**11. YOU SHALL PERMIT THE PROBATION OFFICER TO VISIT YOU AT ANY TIME AT HOME OR ELSEWHERE AND SHALL PERMIT CONFISCATION OF ANY CONTRABAND OBSERVED IN PLAIN VIEW BY THE PROBATION OFFICER**

The Probation Officer will make unannounced contacts at your home, place of employment, or elsewhere. These contacts can take place at any time and may occur on weekends, evenings, or holidays. Failure to cooperate is a violation of your supervision.

Contraband includes controlled substances, weapons, stolen items, or other illegal material.

**12. YOU SHALL NOTIFY THE PROBATION OFFICER WITHIN 72 HOURS OF BEING ARRESTED OR QUESTIONED BY A LAW ENFORCEMENT OFFICER**

All contact with law enforcement must be reported. This includes traffic citations, criminal or civil arrests, and questioning by law enforcement officials regarding your own activity or that of others.

You will be required to submit documentation such as copies of summonses, bond papers, tickets, copies of complaints, informations, or indictments, as well as copies of dispositions of any legal matters.



**13. YOU SHALL NOT ENTER INTO ANY AGREEMENT TO ACT AS AN INFORMER OR A SPECIAL AGENT OF A LAW ENFORCEMENT AGENCY WITHOUT PERMISSION OF THE COURT OR PAROLE COMMISSION.**

Permission is rarely granted to allow you to act as an informer because of the precarious position in which you might place yourself and the risk factors involved. In the event that you are approached by law enforcement, immediately notify your probation officer.

**14. AS DIRECTED BY THE PROBATION OFFICER, YOU SHALL NOTIFY THIRD PARTIES OF RISKS THAT MAY BE OCCASIONED BY YOUR CRIMINAL RECORD, PERSONAL HISTORY, OR CHARACTERISTICS AND SHALL PERMIT THE PROBATION OFFICER TO MAKE SUCH NOTIFICATION AND TO CONFIRM YOUR COMPLIANCE WITH SUCH NOTIFICATION REQUIREMENT.**

The probation officer is responsible for constantly assessing the level of risk that you may present to the community and establishing a supervision plan to address the risk.

Third-party risk refers to the risk that you may pose to the community because of your criminal conduct or past history.

You may be required to promptly disclose your conviction or convictions giving rise to third-party risk and also the fact that you are on supervision. The probation officer will verify that the disclosure has been made. Your probation officer will notify third parties in some situations, such as your employer.

**SPECIAL CONDITIONS OF SUPERVISION THAT MAY BE IMPOSED BY THE COURT**

**1. PAYMENT OF A SPECIAL ASSESSMENT, FINE, AND/OR RESTITUTION.**

The Court is required to impose a mandatory special assessment which is due immediately.

The Court may impose a fine as part of your punishment. This means that you may have to make certain sacrifices financially in order to pay the fine.

The Court may order a fine that is due immediately.

Your judgment will specify the type and amount of the fines and special assessment to be paid. The order may also determine a payment schedule for all or part of the money ordered.

The Court will order monthly installment payments. If the Court has not ordered specific installment payments, the probation officer will determine the payment schedule with the Court's permission and approval. It is a discretionary authority your probation officer has to assist you in meeting the requirements of your conditions. You may satisfy your court-ordered obligations in full at any time.



The monthly installment payments are determined by your ability to make payments. Your probation officer will require that you provide copies of all expenses and any income that your spouse or significant other contributes to your necessary expenses.

You may be required to disclose all of your financial dealings to your probation officer. You will be required to provide your probation officer with all financial records as requested. You may be required to sign a Customer Consent and Authorization for Access to Financial Records During Supervision (PROB 48I) that will allow the probation officer access to credit reports, bank records, and other financial documentation. If you have monetary amounts that are ordered by the Court and are not being satisfied, you will periodically be required to submit a Net Worth Statement (PROB 48). Copies of these forms are available in Appendix D and Appendix E and on our website.

Periodically, you may be required to resubmit a Net Worth Statement and/or a Monthly Cash Flow Statement (PROB 48B) with documentation of all of your expenses. The probation officer will determine your income and your necessary expenses and then determine what your ability to pay will be for the next six months. If your financial situation allows it, you may be required to increase your payment any time. Probation form 48B is available in Appendix F and on our website.

Federal law provides that any payment overdue more than 30 days is delinquent and requires that an additional 10 percent be charged on all delinquent payments. All payments overdue for 120 days are in default and require that an additional 15 percent penalty be assessed on all payments in default. Additionally, once a payment is in default, the entire amount of the fine plus any interest and penalty are due within 30 days.

The payment schedule is closely monitored, and failure to make payments may result in a hearing before the Court or Parole Commission.

If you owe the Court any monetary amount, a Tax Lien Offset Notice may be submitted to the Internal Revenue Service; and your refund, if applicable, will be garnisheed. This procedure may take place even if you are current on your payments. In addition, your wages may be garnisheed, property attached, or several other permissible enforcement/collection remedies may be utilized if payments become in default.

The law requires that interest be computed on all fines in excess of \$2,500 if the offense occurred on or after December 11, 1987. Interest begins accruing on the 15th business day after imposition of the fine. Interest on a fine is computed daily from the first day the offender is liable for interest. The interest rate is based on treasury bill rates. The U.S. Attorney's Office, specifically the Financial Litigation Unit, makes those computations. Interest applies to all fines in excess of \$2,500 unless:

- 1) The Court waives same, or
- 2) The obligation is paid in full within 15 days after it is imposed.

NOTE: If your offense(s) of conviction was committed between January 1, 1985, and October 31,

1987, interest is due on delayed or installment payments (1.5 percent monthly/18 percent annually). The penalty for payments over 60 days late is 10 percent, and the penalty for payments over 90 days late is an additional 15 percent, for a total of 25 percent.

For offenses occurring between November 1, 1987, and December 10, 1987, interest is not automatic. It is only for “willful nonpayment” (30 days overdue at 1 percent per month). The penalty for fines is 10 percent of the delinquent portion.

Payments are payable to the Clerk, U.S. District Court, by mail (400 East 9th Street, Suite 2710, Kansas City, MO 64106) or in person at the Clerk's Office. Checks should be made payable to the Clerk of the Court, and your case number should be noted on the check to ensure same is applied to the correct account.

Payments can be made by personal check, certified check, commercial or postal money order, and personal credit card. No cash should be sent through the mail.

If the Court should allow your supervision to terminate and the amount of your fine or restitution has not been paid in full, the U.S. Department of Justice must still pursue collection of the unpaid amount and may continue to pursue collection of same for up to 20 years.

**2. THE DEFENDANT SHALL SUCCESSFULLY PARTICIPATE IN ANY SUBSTANCE ABUSE TREATMENT PROGRAM, WHICH MAY INCLUDE CHEMICAL OR BREATHALYZER TESTING, AS DIRECTED BY THE PROBATION OFFICE.**

If you have a history of drug or alcohol abuse or your offense involved illegal drugs, you may be referred to a treatment program for counseling and/or urine or sweat patch testing. Generally, you will be required to participate in a federal-contract program. You may not be allowed to consume alcohol if you have a condition prohibiting same.

The purpose of the drug/alcohol condition is to protect the community and assist you in achieving a drug-free existence. You may be ordered to pay all or part of the treatment costs for substance abuse treatment.

Title 18, United States Code, Sections 3565(b) and 3583(g) provide that supervision must be revoked for refusing to comply with drug testing.

**3. YOU SHALL BE PLACED ON HOME DETENTION WITH ELECTRONIC MONITORING FOR A PERIOD DETERMINED AT SENTENCING AND SHALL OBSERVE THE RULES OF THE PROGRAM.**

In lieu of imprisonment, you may be placed on home detention, which may include electronic monitoring. You may be ordered to pay all or part of the electronic monitoring costs.

**4. YOU SHALL COMPLETE COMMUNITY SERVICE HOURS AS DIRECTED BY THE PROBATION OFFICER DURING THE PERIOD OF SUPERVISION.**

Community service is defined as a non-salaried service by you for a set period of time to a civic or nonprofit organization and is ordered by the Court as a condition of probation or supervised release.

You will be required to provide a location where you intend to perform your community service. This location is subject to the approval of your probation officer. Your probation officer will require verification from the location which reflects the hours that you have performed and the duty to which you are assigned. At times, the court order will specify the number of hours to be performed in certain time frames. Pay close attention to your order and request clarification from your probation officer.

**5. YOU SHALL PARTICIPATE IN MENTAL HEALTH TREATMENT AS DIRECTED BY THE PROBATION OFFICER.**

The Court or the United States Parole Commission may impose this condition when you display symptoms of a mental disorder or have been previously diagnosed with a mental health problem. You may be required to pay all or part of the treatment cost.

**6. YOU SHALL SUBMIT YOURSELF, RESIDENCE, OFFICE, OR VEHICLE TO A SEARCH CONDUCTED BY THE PROBATION OFFICE AT A REASONABLE TIME AND IN A REASONABLE MANNER, BASED UPON REASONABLE SUSPICION OF CONTRABAND OR EVIDENCE OF A VIOLATION OF A CONDITION OF RELEASE; FAILURE TO SUBMIT TO A SEARCH MAY BE GROUNDS FOR REVOCATION; THE DEFENDANT SHALL WARN ANY OTHER RESIDENTS THAT THE PREMISES MAY BE SUBJECT TO SEARCHES PURSUANT TO THIS CONDITION.**

If this condition is imposed, you may be subject to a search of yourself and your property by the probation officer to ensure you are not engaged in criminal activity or in possession of illegal substances, firearms, or other prohibited materials.

Failure by you or any member of your residence to allow a search may be cause for revocation. It is, therefore, your responsibility to be sure those with whom you are living are aware your residence is subject to a search. Any contraband obtained from you or your property will be confiscated as being in your "constructive possession" and will be a violation of your supervision.

**7. OTHER SPECIAL CONDITIONS THAT MAY BE IMPOSED:**

Because of the diversity of judgments and criminal offenses, special conditions may be unique to each case. Two areas often addressed are the individual's credit and employment. It is imperative for you to review the conditions defined in your judgment and to clarify any questions with your probation officer.

## **DIRECTIONS FOR COMPLETING THE MONTHLY SUPERVISION REPORT**

This monthly form is to be completed at the end of each month and received in the probation office no later than the 5th day of the following month (3rd day for parole cases). The form must be completed thoroughly and accurately. Do not hesitate to discuss this form with your probation officer if you have any questions about its completion. If something does not apply specifically to you, write **NOT APPLICABLE** in the block. Do not leave any lines blank. All entries should be neatly printed and legible. Refer to Appendix C for a sample Monthly Supervision Report.

### **PART A**

1. Print your first, middle, and last name. List your date of birth.
2. Print any other name that may have been used in Court. Provide your officer's name.
3. Print your full street address and apartment number. **DO NOT PUT P.O. BOX OR MAIL DROP NUMBERS IN THIS SPACE.** If you live on the 1st, 2nd, or 3rd floor, list this location. Indicate if you are renting or buying.
4. Print your city, state, and zip code.
5. List any other residence where you stay and indicate if you are renting or buying. Also list any e-mail address for yourself.
6. This is where you may list your P.O. Box number or other mailing address.
7. Print all phone numbers, including the following: pagers, cellular phones, message numbers (a number at which you may be reached or a phone where a message can be conveyed to you), and/or answering services.
8. List all names of persons living at your residence.
9. Check YES or NO if you moved during the month.
10. Print the exact date of your move and your reason for moving. **THE PROBATION OFFICER MUST BE PERSONALLY NOTIFIED TEN DAYS PRIOR TO ANY CHANGE IN RESIDENCE.**

### **PART B**

11. Print the **NAME, ADDRESS, AND PHONE NUMBER** of your employer. If self-employed, list your office address, phone number, and name of company.

12. Print the name of your immediate supervisor.
13. Check YES or NO as to your employer's knowledge of your criminal status.
14. Print the number of days missed from work and the specific reason for your absence.
15. Print your exact job title.
16. List the gross income, which is your total income before deductions for that month.
17. Print the EXACT days and hours that you report to and leave from work (DO NOT WRITE 40 HOURS). If your shift varies, supply your probation officer with a copy of your weekly work schedule.
18. Check YES or NO if you had a job change or were terminated during the month. **THE PROBATION OFFICER MUST BE PERSONALLY ADVISED TEN DAYS PRIOR TO ANY CHANGE IN EMPLOYMENT.**
19. Print an exact date of termination and reason why you were terminated from the employment.

#### **PART C**

20. List all vehicles owned or driven by you and the mileage on each. Print the year, make, model, color of the vehicle, license plate number, vehicle identification number (VIN), and name of the owner. This must be completed every month. This also includes company vehicles you may drive.

#### **PART D**

21. The amount of income you brought home after deductions in that month (**attach proof of earnings**).
22. Any additional monies or benefits which you received during the month such as food stamps, welfare benefits, inheritance, loans, trust funds, spouses' income, or other.
23. Add up your net income plus any other income; and write in the amount.
24. The total of all expenses incurred goes here.
25. Advise if you rent a post office box, safe deposit box, or storage space; and indicate where.
26. Check whether or not you have a checking account. List the name of the bank and your account number. List your EXACT balance at the end of the month. Your probation officer may request

copies of bank statements in order to verify this information. List checking or savings accounts which are wholly, or partially, in the name of your spouse, significant other, or dependent from which you receive financial benefit.

27. List all purchases of goods or services for which you paid \$500 or more during the month. Print the amount of purchase, date, description of the item or items, and the method used for payment. If you used a credit card, list which card was used.

## **PART E**

28. If you were questioned or contacted by a law enforcement officer, check YES. Otherwise, check NO. If yes, provide the exact date of the questioning, the name of the agency, and the reason for the questioning. **YOU MUST PERSONALLY NOTIFY YOUR PROBATION OFFICER WITHIN 72 HOURS OF THIS CONTACT.** (Attach copies of citations, bond papers, complaints, or other documents for verification.)

29. If you were arrested or named as a defendant in any other case, check YES. Otherwise, check NO. If yes, give the details, including the date of the charges and the disposition or status of the case. (Attach documentation.)

30. If you resolved any pending charges this month, check YES. Otherwise, check NO.

If yes, indicate the exact date of the hearing, the court which you attended, and the final disposition of the case. (Attach a copy of the citation, receipt, charges, and disposition.)

31. Was anyone in your household arrested or questioned by law enforcement during this month? If you check YES, state what relationship he/she is to you, his/her full name, and the reason for arrest. Advise your probation officer as to the disposition or status of the case. Otherwise, check NO. If you were a victim in the case, attach a copy of the police report.

32. If you had contact with anyone who has a criminal record, check YES and list his/her full name. Otherwise, check NO.

34. If you possessed or had any access to a firearm, check YES and explain. Otherwise, check NO.

35. If you possessed or used any illegal drugs, check YES and explain when and what type of drug. Otherwise, check NO.

36. If you traveled outside the Western District of Missouri without the permission of your probation officer or the Court, check YES and indicate when you traveled and your destination. Otherwise check NO.

37. If you owe a special assessment, restitution, or a fine, check YES, and indicate the amount of the financial obligation you paid during the report month. Otherwise, check NO. Payments can

be made by personal check, certified check, commercial or postal money order, and personal credit card. No cash should be sent through the mail.

38. If you have court-ordered community service to perform mark YES and indicate the number of hours of community service completed during the month; the number of hours missed, if any; and the remaining number of hours you have left to perform. Otherwise, check NO.
39. If you have drug, alcohol, or mental health aftercare, check YES and indicate if you missed any counseling sessions, sweat patch applications or removals, or code-a-phone related urine drops. Explain why you missed. Otherwise, check NO.
40. Sign and date the written monthly report form. Note that any false statements on the Monthly Supervision Report form or to your probation officer can result in revocation of your supervision and/or new criminal charges.

### **OTHER IMPORTANT INFORMATION**

You must be prepared to produce a valid driver's license and Social Security card on your reporting date. During your supervision, you must maintain the photo identification card issued to you by the Probation Office. If you have an Immigration and Naturalization Service hearing or citizenship procedure pending, you must provide your probation officer with the appropriate identification and documentation. Keep your probation officer posted on all present and future hearings.

If you have a civil judgment or a pending civil matter, provide court documentation to your probation officer.

If you are delinquent on any payments, fines, or judgments, immediately inform your probation officer and provide documentation.

If you are seeking and/or participating in any counseling, you shall provide your probation officer with the name, address, and phone number of the facility where you are going. Your probation officer may instruct you to sign a release for information and records.

If you are experiencing medical issues or treatment, you shall notify your probation officer of the condition and give the name of the physician who is treating you unless the disclosure is protected by law.

It is important to note that your probation officer maintains your records in a secure area and is not bound to disclose confidential information to third parties.

## **MISSOURI STATE LAWS**

State law requires motorists to have a valid driver's license and proof of insurance in order to operate a motor vehicle. Documentation of compliance, including vehicle registration, insurance, and driver's license should be made available to the probation officer when requested.

The law deprives convicted felons of certain civil rights, including the right to vote, possess firearms, serve on a jury, or hold public office, and restricts the issuance and renewal of some professional licenses, such as law and medical licenses. To determine if your rights will be, or can be, restored after the termination of your term of supervision, you should directly contact the appropriate authority (i.e., the Board of Elections for voting rights).

Missouri requires certain sex offenders, immediately upon release, to notify the law enforcement agency that is assigned jurisdiction over their residence. You will be advised by your probation officer if you are required to register. Address changes must also be reported within ten days of moving to a different residence. You must notify in writing the law enforcement agency where you initially registered as well as the city and county agency with jurisdiction over the new residence. Failure to comply with the above is a Class A misdemeanor.



## **APPENDIX**

**APPENDIX A**

**REQUEST/PERMISSION TO TRAVEL FORM**

# WESTERN DISTRICT OF MISSOURI

## REQUEST/PERMISSION TO TRAVEL

SEND REQUEST TO (enter name of Probation Officer): \_\_\_\_\_

<input type="checkbox"/> U.S. Probation 400 E. 9th Street Suite 4510 Kansas City, MO 64106	<input type="checkbox"/> U.S. Probation 222 N. John Q. Hammons Parkway Suite 1400 Springfield, MO 65806	<input type="checkbox"/> U.S. Probation 80 Lafayette Street Suite 1230 Jefferson City, MO 65101
---	--	--

**INSTRUCTIONS: This form must be typed or neatly printed and received in the Probation Office at least two weeks prior to departure date.**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PURPOSE OF TRAVEL: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_

RETURN DATE: \_\_\_\_\_

NAME OF PLACE/PERSON TO BE VISITED: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DESTINATION ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

### MODE OF TRANSPORTATION

#### VEHICLE

YEAR/COLOR/MAKE/MODEL: \_\_\_\_\_

LICENSE PLATE NO.: \_\_\_\_\_

OWNER OF VEHICLE: \_\_\_\_\_

OTHER MODE OF TRANSPORTATION (specify): \_\_\_\_\_

NAME OF TRAVELING COMPANIONS: \_\_\_\_\_

#### AIRLINE

NAME OF AIRLINE: \_\_\_\_\_

DEPARTURE FLIGHT NO. & TIME: \_\_\_\_\_

RETURN FLIGHT NO. & TIME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

### **SPECIAL INSTRUCTIONS:**

\_\_\_\_ Contact your probation officer within 24 hours after your return.

\_\_\_\_ Follow the special reporting instructions marked on the back.

\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_ APPROVED \_\_\_\_ DISAPPROVED

COPY MAILED TO CHIEF PROBATION OFFICER  
IN DISTRICT OF DESTINATION:

NAME: \_\_\_\_\_

ADDRESS: United States Probation Office

\_\_\_\_\_  
U.S. PROBATION OFFICER

DATE: \_\_\_\_\_

## SPECIAL INSTRUCTIONS FOR TRAVEL

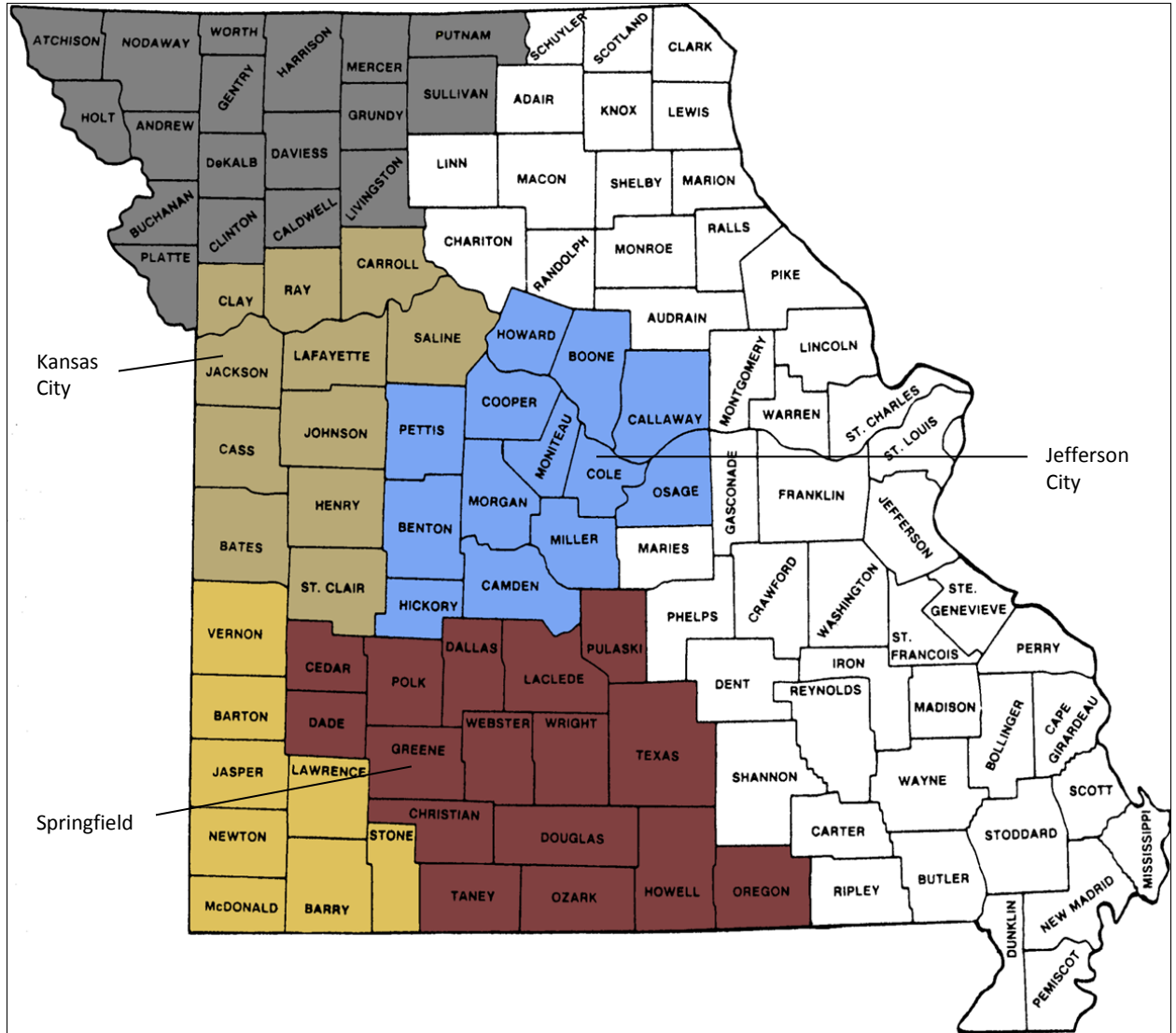
Alaska	___	USPO Provide date of birth, social security number, offense of conviction, and physical description. <b>SEX OFFENDERS:</b> Register with Alaska State Troopers by the next working day after arrival. Telephone Sex Offender Registry Unite at 1-907-269-0396 or 1-907-269-0397 for more information.																
Arizona	___	USPO provide client index and photo. If organized crime, major drug, or major white-collar case, provide PSI and judgment. <b>SEX OFFENDERS:</b> If more than 10 days, register with local sheriff and contact USPO at 520-556-7324.																
Connecticut	___	USPO provide PSI, conditions, and dates of previous travel. <b>SEX OFFENDERS:</b> Advance approval from the district is required.																
Colorado	___	<b>SEX OFFENDERS:</b> Registration is required for temporary or permanent residence. Contact the USPO.																
California Northern	___	USPO contact SUSPO in district prior to travel for special offenders.																
Florida Middle	___	USPO contact SUSPO in district prior to travel for special offenders.																
Georgia Northern	___	USPO contact SUSPO in district prior to travel for special offenders.																
Idaho	___	<b>SEX OFFENDERS:</b> Registration for travel of 5 days or more is required. Contact USPO for information.																
Kansas	___	<b>SEX OFFENDERS:</b> Registration for travel of 15 days or more is required.																
Mississippi Northern	___	USPO note if offender is drug trafficker, sex offender, or violent offender. <b>OFFENDER:</b> Contact the probation office listed on the front, if travel exceeds 10 days.																
Missouri Eastern	___	<b>OFFENDER:</b> Advance approval is required. Registration is required for travel of 14 days or more.																
Nevada	___	USPO submit travel request for non-special offenders by e-mail, noting offense of conviction. Contact the district prior to travel for special offenders. <b>OFFENDERS WITH ONE NONVIOLENT CONVICTION:</b> Registration is not required. <b>OFFENDERS WITH TWO OR MORE FELONY CONVICTIONS:</b> Registration with the nearest police department within 48 hours of arrival is required. <b>SEX OFFENDERS:</b> Registration with the nearest police department within 24 hours is required. <b>REGISTRATION LOCATIONS FOR LAS VEGAS AND RENO:</b> <table><tr><td>Las Vegas Metro Police Civil Identification Div.</td><td>Las Vegas Metro Police Records Division</td><td>Reno Police Department Work Card Section Main Desk</td><td>Reno Police Department Work Card Section Main Desk</td></tr><tr><td>58800 Cameron Street</td><td>400 Stewart Avenue</td><td>455 East 2<sup>nd</sup> Street</td><td>455 East 2<sup>nd</sup> Street</td></tr><tr><td>Monday through Friday</td><td>after hours and</td><td>Tuesday through Friday</td><td>after-hours and</td></tr><tr><td>8:00 a.m. to 4:00 p.m.</td><td>weekends</td><td>8:30 a.m. to 3:30 p.m.</td><td>weekends</td></tr></table>	Las Vegas Metro Police Civil Identification Div.	Las Vegas Metro Police Records Division	Reno Police Department Work Card Section Main Desk	Reno Police Department Work Card Section Main Desk	58800 Cameron Street	400 Stewart Avenue	455 East 2 <sup>nd</sup> Street	455 East 2 <sup>nd</sup> Street	Monday through Friday	after hours and	Tuesday through Friday	after-hours and	8:00 a.m. to 4:00 p.m.	weekends	8:30 a.m. to 3:30 p.m.	weekends
Las Vegas Metro Police Civil Identification Div.	Las Vegas Metro Police Records Division	Reno Police Department Work Card Section Main Desk	Reno Police Department Work Card Section Main Desk															
58800 Cameron Street	400 Stewart Avenue	455 East 2 <sup>nd</sup> Street	455 East 2 <sup>nd</sup> Street															
Monday through Friday	after hours and	Tuesday through Friday	after-hours and															
8:00 a.m. to 4:00 p.m.	weekends	8:30 a.m. to 3:30 p.m.	weekends															
New Hampshire	___	USPO not to permit travel to “Lakes Region” during Father’s Day. <b>SEX OFFENDER:</b> Registration is required. Contact district for instructions.																
North Carolina Eastern	___	USPO contact district prior to approving travel for sex offenders. <b>SEX OFFENDERS:</b> Registration required after 15 days. Contact district for instructions.																
North Carolina Middle	___	USPO list convictions and gang affiliations. <b>SEX OFFENDERS:</b> Registration is required after 15 days. Contact district for instructions.																
Oregon	___	USPO contact district for sex offender registration information before authorizing travel. <b>SEX OFFENDERS:</b> Registration is required. Follow instructions of USPO.																
Tennessee Eastern	___	USPO obtain approval 15 days in advance for sex offenders and complete a Tennessee Safety Plan. <b>SEX OFFENDERS:</b> Registration is required after 3 days. Follow instructions of USPO.																
Texas Western	___	USPO attach PSI, if offense is a drug case. <b>OFFENDER:</b> Report to USPO listed on the front of this permit.																
Washington Eastern	___	<b>SEX OFFENDER:</b> Registration with county sheriff is required.																
Washington Western	___	<b>SEX OFFENDER:</b> Registration with county sheriff is required.																

**APPENDIX B**

**WESTERN DISTRICT OF MISSOURI MAP**

The Western District of Missouri is comprised of the following counties:

Andrew	Jackson
Atchison	Jasper
Barry	Johnson
Barton	Laclede
Bates	Lafayette
Benton	Lawrence
Buchanan	Livingston
Boone	McDonald
Caldwell	Mercer
Callaway	Miller
Camden	Moniteau
Carroll	Morgan
Cass	Newton
Cedar	Nodaway
Christian	Oregon
Clay	Osage
Clinton	Ozark
Cole	Pettis
Cooper	Platte
Dade	Polk
Dallas	Pulaski
Daviess	Putnam
DeKalb	Ray
Douglas	Saline
Gentry	St. Clair
Greene	Stone
Grundy	Sullivan
Harrison	Taney
Henry	Texas
Hickory	Vernon
Holt	Webster
Howard	Worth
Howell	Wright



Travel outside the Western District of Missouri, in keeping with the conditions of supervision, is not permitted unless you have the authorization of your Probation Officer. Please request travel at least 2 weeks prior to departure. If you live in the Kansas City Metropolitan area, you may also travel in Johnson and Wyandotte Counties in Kansas.

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Person under Supervision

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Date

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U.S. Probation Officer

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Date

U.S. PROBATION AND PRETRIAL SERVICES OFFICE

WESTERN DISTRICT OF MISSOURI

[www.mowp.uscourts.gov](http://www.mowp.uscourts.gov)

Headquarters Office

400 E. 9<sup>th</sup> Street  
Suite 4510  
Kansas City, MO 64106  
Phone: 816-512-1300  
Toll Free: 1-888-609-7664  
Fax: 816-512-1313  
Office Hours: Monday-Friday  
8:15 a.m. – 5:00 p.m.

Jefferson City Office

80 Lafayette Street  
Suite 1230  
Jefferson City, MO 65101  
Phone: 573-634-3293  
Toll Free: 1-800-550-8012  
Fax: 573-634-4908  
Office Hours: Monday – Friday  
8:15 a.m. – 5:00 p.m.

Springfield Office

222 N. John Q. Hammons  
Parkway, Suite 1200  
Springfield, MO 65806  
Phone: 417-831-4494  
Toll Free: 1-800-333-3770  
Fax: 417-864-6583  
Office Hours: Monday – Friday  
8:15 a.m. – 5:00 p.m.

**PROBATION AND PRETRIAL SERVICES OFFICERS**

**Kevin F. Lyon, Chief**

**Gary L. Broyles, Jr., Deputy Chief**

Kansas City

Boydston, Timothy, Supervisor  
Graham, Brian, Supervisor  
King, Chi, Supervisor  
Mattivi, Michael, Supervisor  
Zych, Nick, Supervisor  
Barber, Michael  
Berry, Lynn  
Bonner, Sebastian  
Brown, Drew  
Bruner, Branton  
Chance, Dana  
Falkner, Matthew  
Grace, Kimberly  
Gruenbacher, Sylvia  
Gunter, David  
Habiger, Kurt  
Hair, Tim  
Hajek, Shawn  
Hecke, Van  
Hille, Sandra  
Hodges, Penney  
Humig, Tanis  
Johnson, Angeliq  
Koan, Terry  
Lampert, Joe  
Liby, Maria  
McDonnell, Derek  
Meister, Katie  
Noelle, Dickson  
Obersteadt, Chad  
Peete, Kimberly  
Pierce, Courtney  
Pinkerton, Susan  
Rey, Sharie

Kansas City cont'd

Richart, Susan  
Sedler, Paul  
Smith, Johnathan  
Thomas, Jeremy  
Walterbach, Matthew  
Whitworth, Leigh Anne  
Wiley, Stephanie

Springfield

Squibb, Amy, Assistant Deputy  
Chief  
Schepers, Daniel, Supervisor  
Szura, Adam, Supervisor  
Allen, Wilma  
Allison, Claudia  
Booth, David  
Campbell, Brian  
Carlstrom, Sarah  
Cowin, Tracy  
Cox, Brad  
Dempsey, Elizabeth  
Duryea, Karla  
Fieser, Craig  
Klocksien, Katie  
Mitchell, Damon  
Potter, Melissa  
Smith, Amanda  
Stone, Roxana

Jefferson City

Drummond, Jaime, Supervisor  
Casey, Sam  
Mudd, Paul  
Piant, Cindy  
Simons, Jennifer  
Smallwood, Cheryl

A printed form entitled "MONTHLY SUPERVISION REPORT" must be completed by you relating to the previous month under supervision and faxed/e-mailed/delivered/mailed, as directed by your Probation Officer, within the first five working days of each month. If you should at any time find it impossible to report as directed, you must personally contact your assigned officer as soon as possible. If your assigned officer is not available, an officer of the day will be available from 8:15 a.m. to 5:00 p.m. each working day. If necessary, you may also call and leave a message on our voice mail system during non-office hours. Payments of restitution and/or fines are critically important to your supervision. Willful failure to pay these obligations may result in revocation. You must make arrangements and seek instructions for the payment of these obligations from your Probation Officer.



**APPENDIX C**

**MONTHLY SUPERVISION REPORT**

**U.S. PROBATION OFFICE**  
**MONTHLY SUPERVISION REPORT FOR THE MONTH** August, 20 04

Name: _____ DOB: _____		Court Name (if different): _____ Probation Officer: _____	
1. James Michael Jordan 08/23/1975		2. Jim Jordan Kevin Jacobs	
<b>PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)</b>			
Street Address, Apt. Number: _____ Own or Rent? _____		Home Phone: _____ Cellular Phone: _____ Pager: _____	
3. 415 East Main Street, Apt. 3 Own		7. (660) 747-5555 (660) 747-1621 (660) 702-0212	
City, State, Zip Code: _____		Persons Living With You: _____	
4. Warrensburg, MO 64093		8. Paul and Sandy Richards (friends)	
Secondary Residence: _____ Own or Rent? _____		Did you move during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Cabin 5A, Mack's Creek, MO Own		9. _____	
Mailing Address (if different): _____ E-Mail Address: _____		If yes, date moved: _____ N/A Reason for Moving: _____	
6. P. O. Box 216, Warrensburg, MO 64093 Jamest@aol.com		10. _____	
<b>PART B: EMPLOYMENT (If unemployed, list source of support under Part D.)</b>			
Name, Address, Phone No. of Employer: _____		Name of Immediate Supervisor: _____ Is your employer aware of your criminal status: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. Ed's Truck and Tow (660) 578-2318		12. Mike Spite 13. _____	
1615 Outer Road		How many days of work did you miss? _____ 0 Why? _____	
Warrensburg, MO 64093		14. _____	
		Position Held: _____ Gross Wages: _____ Normal Work Hours: _____	
		15. Driver 16. \$1,800 17. 7-4, Mon.-Fri.	
Did you change jobs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 18. _____		If changed jobs or terminated, state when and why. _____	
Were you terminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. N/A	
<b>PART C: VEHICLES (List all vehicles owned or driven by you.)</b>			
1. Year/Make/Model/Color: _____ Mileage: _____		Tag Number: _____ Owner: _____	
20. 1989 Red Honda Civic 78,201		376-MTG	
		Vehicle I.D.#: _____	
		06G5172381J2	
2. Year/Make/Model/Color: _____ Mileage: _____		Tag Number: _____ Owner: _____	
1994 Blue Ford Pickup 47,512		CTY-116	
		Vehicle I.D.#: _____	
		21005211887G	
		Martha Jordan	
<b>PART D: MONTHLY FINANCIAL STATEMENT</b>			
Net Earnings from Employment: 21. \$1,500		Do you rent or have access to: 25. _____	
(Attach Proof of Earnings)		a post office box? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No a safe deposit box? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Other Cash Inflows: 22. 300		a storage space? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
TOTAL MONTHLY CASH INFLOWS: 23. 1,800		Name and Address of Location: _____ Box No. or Space _____	
TOTAL MONTHLY CASH 24. 1,650		Box Title _____ Space 37E	
		6321 50 Highway	
		Warrensburg, MO 64093	
Do you have a checking account(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 26. _____		Does your spouse, significant other, or dependant have a checking or savings account that you enjoy the benefits of or make occasional contributions toward? _____	
Bank Name: Central Bank		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 27. _____	
Account No.: 721456 Balance \$537.22		Bank Name: Central Bank	
Do you have a savings account(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Account No.: 882001 Balance: \$2,167	
Bank Name: Central Bank			
Account No.: 773201 Balance \$1,216.87			
Attach a complete listing of all other financial account information, if you have multiple accounts.			
List all expenditures over \$500 (including, e.g., goods, services, or gambling losses)			
Date	Amount	Method of Payment	Description of Item
28. 05/12/00	\$635	Cash	Video camera
_____	_____	_____	_____
_____	_____	_____	_____

PART E: COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH					
Were you questioned by any law enforcement officers? 29. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: <u>05/10/00</u> Agency: <u>Warrensburg PD</u> Reason: <u>Speeding – 9 miles over</u>			Were you arrested or named as a defendant in any criminal case? 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, when and where? <u>N/A</u> Charges: _____ Disposition: _____		
(Attach copy of citation, receipt, charges, disposition, etc.)					
Were any pending charges disposed of during the month? 31. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date: <u>N/A</u> Court: _____ Disposition: _____			Was anyone in your household arrested or questioned by law enforcement? 32. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, whom? <u>Paul Smith</u> Reason: <u>Late child support</u> Disposition: <u>pending court</u>		
Did you have any contact with anyone having a criminal record? 33. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, whom? <u>N/A</u>			Did you possess or have access to a firearm? 34. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, why? <u>N/A</u>		
Did you possess or use any illegal drugs? 35. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, type of drug: <u>N/A</u>			Did you travel outside the district without permission? 36. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, when and where? <u>N/A</u>		
Do you have a special assessment, restitution, or fine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    If yes, amount paid during the month: \$250 Special Assessment: <u>\$100 - paid 10/2001</u> Restitution: <u>\$150,000</u> Fine: _____					
<b>NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.</b>					
Do you have community service work to perform? 38. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Number of hours completed this month: <u>20</u> Number of hours missed: <u>0</u> Balance of hours remaining: <u>80</u>			Do you have drug, alcohol, or mental health aftercare? 39. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, did you miss any sessions during this month? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did you fail to respond to phone recorder instructions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, why? <u>Had to work</u>		
<b>WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE, OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE, OR BOTH.</b>  (18 U.S.C. § 1001)			I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. 40. _____ SIGNATURE    DATE		
REMARKS:      U.S. Probation Officer                          Date			RECEIVED:   _____ Mail                          _____ OC _____ HC                          _____ CC  RETURN TO:		

## **APPENDIX D**

### **CUSTOMER CONSENT AND AUTHORIZATION FOR ACCESS TO FINANCIAL RECORDS DURING SUPERVISION**

## CUSTOMER CONSENT AND AUTHORIZATION FOR ACCESS TO FINANCIAL RECORDS DURING SUPERVISION

I, \_\_\_\_\_, having read the explanation  
*(Name of Customer)*of my rights which is attached to this form, and having been convicted in the United States District Court, and in accordance with 18 U.S.C. § 3603, I am required to provide complete disclosure of all assets I own or control, fully describe my financial resources to the United States probation officer for the purpose of probation or supervised release supervision ordered at sentencing, and hereby authorize the

\_\_\_\_\_  
*(Name and Address of Financial Institution or Credit Agency)*

to disclose the following financial records:

to \_\_\_\_\_, an officer of the  
*(Name of Probation Officer Allowed Access)*

United States District Court for the \_\_\_\_\_,  
*(Name of District Court)*

for the purpose of keeping the probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court, and that this financial information may be transferred to the financial litigation unit of the United States attorney's office for the purpose of the collection of financial penalties.

I understand that this authorization may be revoked by me in writing at any time before my records, as described above, are disclosed, and that this authorization is valid for 90 days from the date of my signature. I understand further that my authorization cannot be required as a condition of my doing business with the above-named financial institution.

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of Customer)*

\_\_\_\_\_  
*(Address of Customer)*

\_\_\_\_\_  
*(City/State/Zip Code)*

**STATEMENT OF CUSTOMER RIGHTS UNDER  
THE RIGHT TO FINANCIAL PRIVACY ACT OF 1978  
(Disclosure to Financial Institutions, But Not Credit Agencies)**

Federal law protects the privacy of your financial records. Before banks, savings and loan associations, credit unions, credit card issuers, or other financial institutions may give financial information about you to a federal agency, certain procedures must be followed.

**Consent to Financial Records**

You may be asked to consent to make your financial records available to the government. You may withhold your consent, and your consent is not required as a condition of doing business with any financial institution. If you give your consent, it can be revoked in writing at any time before your records are disclosed and, in any event, is effective for a period of not more than three months. Your financial institution must keep a record of the instances in which it discloses your financial information to the government, and this record will be available to you upon request, unless a court order restricting your right to such record has been obtained by the government.

**Without Your Consent**

Without your consent, a Federal agency that wants to see your financial records may do so ordinarily only by means of a lawful subpoena, summons, formal written request, or search warrant for that purpose.

Generally, the Federal agency must give you advance notice of its efforts to obtain your records by one of the above means, explaining why the information is being sought and telling you how to object in court to the release of your records.

**Exceptions**

If the government obtains a search warrant for your records, or if the government convinces the court that there are legitimate reasons to delay giving you notice, the Federal agency will be able to obtain your records without providing you notice beforehand.

In situations where you do not receive advance notice that the government is seeking your financial records, you will be notified once the reason for the delay of notice no longer exists.

**Transfer of Information**

Generally, a Federal agency which obtains your financial records is prohibited from transferring them to another Federal agency unless it certifies in writing that the transfer is proper as noted on the reverse side of this form and sends a notice to you that your records have been sent to another agency.

**Penalties**

If the Federal agency or financial institution violates the Right to Financial Privacy Act, you may sue for damages or to seek compliance with the law. If you win, you may be repaid your attorney's fees and costs.

**APPENDIX E**  
**NET WORTH STATEMENT**

Last Name	First Name	Middle Name	Social Security Number

**Instructions for Completing Net Worth Statement**

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer an affidavit fully describing your financial resources, including a complete listing of all assets you own or control as of this date and any assets you have transferred or sold since your arrest. Amendments were made to 18 U.S.C. §§ 3663(a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(b)(4)(F) to clarify that the assets owned, jointly owned, or controlled by a defendant, and liabilities are all relevant to the court’s decision regarding the ability to pay. Your Net Worth Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) that you enjoy the benefits of or make occasional contributions toward.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Please complete the Net Worth Statement in its entirety. You must answer “None” to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries must be accompanied by supporting documentation (see Request for Net Worth Statement Financial Records (Prob. 48A)). Initial and date each page (including any attached pages). Also, sign, date, and attach the Declaration of Defendant or Offender Net Worth & Cash Flow Statements (Prob. 48D).



Last Name - \_\_\_\_\_

## NET WORTH STATEMENT

**NOTE: I = Individual    J = Joint    S = Spouse/Significant Other    D = Dependent**

### ASSETS

**BANK ACCOUNTS** (Include all personal and businesses checking and savings accounts, credit unions, money markets, certificates of deposit, IRA and KEOGH accounts, Thrift Savings, 401K, etc.)

Section A	I/J S/D	Name of Institution	Address	Type of Account	Account Number	Personal or Commercial	Balance

**SECURITIES** (Include all stocks in public corporations, stocks in businesses you own or have an interest in, bonds, mutual funds, U.S. Government securities, etc.)

Section B	I/J S/D	Name and Kind of Security	Location of Security	Number of Units	Fair Market Value

**MONEY OWED TO YOU BY OTHERS** (Include all money owed to you by any person or entity.)

Section C	I/J S/D	Name and Address of Debtor	Amount Owed to You	Reason Owed to You	Date Money Loaned	Relationship to Debtor (if any)	Monthly Payment or Date Full Payment Expected	Is Debt Collectible ?

Initials \_\_\_\_\_ Date \_\_\_\_\_

<b>Last Name -</b>								
Section D	<b>LIFE INSURANCE</b> (Include type of policy [whole life, variable, or term], face amount [the stated amount of coverage] and cash surrender value [the value of the investment portion of a whole life or variable policy].)							
	<b>I/J S/D</b>	<b>Name and Address of Company and Name of Beneficiary</b>	<b>Policy Number</b>	<b>Type of Policy</b>	<b>Face Amount</b>	<b>Cash Surrender Value</b>	<b>Amount Borrowed</b>	<b>Amount You Can Borrow</b>
								\$0.00
								\$0.00
								\$0.00
Section E	<b>SAFE DEPOSIT BOXES OR STORAGE SPACE FACILITY</b> (Include all safe deposit boxes or storage space you rent or places you have access to in which others are holding assets or items belonging to you.)							
	<b>I/J S/D</b>	<b>Name and Address of Box or Facility Location</b>		<b>Box Number or Space</b>	<b>Contents</b>		<b>Fair Market Value</b>	
Section F	<b>MOTOR VEHICLES</b> (Include all cars, trucks, mobile homes, motorcycles, all terrain vehicles, boats, airplanes, etc.)							
	<b>I/J S/D</b>	<b>Year, Make &amp; License Number/Vehicle Identification Number</b>	<b>Mileage</b>	<b>Loan/Lease Balance (if any)</b>	<b>Date Loan/Lease Will be Paid Off or Ends</b>	<b>Monthly Payment</b>	<b>Fair Market Value</b>	
Section G	<b>REAL ESTATE</b> (Include property, parcels, lots, timeshares, and developed land with buildings.)							
	<b>I/J S/D</b>	<b>Real Estate Address (include county and state)/ Mortgage Company or Lien Holder</b>	<b>Purchase Date</b>	<b>Purchase Price</b>	<b>Mortgage Balance (if any)</b>	<b>Date Mortgage Will be Paid Off</b>	<b>Monthly Payment</b>	<b>Fair Market Value</b>
Section H	<b>MORTGAGE LOANS OWED TO YOU</b> (Include name, address, and relationship [if any] to the mortgagee [the party that bought the real estate you sold and is making payments to you].)							
	<b>I/J S/D</b>	<b>Mortgagee (name &amp; address)/ Relationship to Mortgagee</b>	<b>Mortgage Balance</b>	<b>Date Mortgage Will be Paid Off</b>	<b>Balloon Payment? If Yes, Date?</b>	<b>Monthly Payment</b>	<b>Is Debt Collectible?</b>	

<b>Last Name -</b>								
Section I	<b>OTHER ASSETS</b> (Include any cash on hand, jewelry, art, paintings, coin collections, stamp collections, collectibles, antiques, copyrights, patents, etc.)							
	I/J S/D	Description	Loan Balance (if any)	Date Loan Will be Paid Off	Monthly Payment	Where is Asset Located?	Fair Market Value	
Section J	<b>ANTICIPATED ASSETS</b> (Include any assets you expect to receive or control from lawsuits for compensation or damages, profit sharing, pension plans, inheritance, wills, or as an executor or administrator of any succession or estate.)							
	I/J S/D	Amount Received or Expected to Receive	Date Expected to Receive	Reason You Expect This	Name and Address of Person or Company That Can Verify This (e.g., attorney, financial institution, executor)			
	<b>TRUST ASSETS</b> (Include all trusts in which you are a grantor or donor [the person who establishes the trust], the trustee or fiduciary [who controls the trust assets and income or the beneficiary who has or will receive benefits from the trust].)							
	I/J S/D	Name of Trust/ Taxpayer ID#	Value of Trust	Your Annual Income From Trust	Your Interest in Trust Assets			
Section K	<b>BUSINESS HOLDINGS</b> (Include all businesses in which you have an ownership interest or with which you had an affiliation within the last three years; e.g., self-employed sole proprietor, officer, shareholder, board member, partner, associate, etc.) Complete Section N (attach additional pages, if necessary).							
	I/J S/D	Name and Address of Business/ Taxpayer I.D.#	Type of Business Entity	Industry of Business	Date Business Started	Capital Investment to Start	Your Ownership Interest Percentage	Sale Price or Fair Market Value of Your Interest

Initials \_\_\_\_\_ Date \_\_\_\_\_

<b>Last Name -</b>							
Section L	<b>INCOME TAX RETURNS</b>						
	<b>Type of Income Tax Return Filed</b>		<b>Last Filing Year</b>		<b>Years of Last 5 Income Tax Returns You Will Submit to the Probation Officer</b>		
	Individual (Form 1040)						
	Partnership/Limited Liability Company (Form 1065)						
	Corporation (Form 1120)						
	S Corporation (Form 1120S)						
Section M	<b>TRANSFER OF ASSETS</b> (Include any assets you have transferred or sold since the date of your arrest with a cost or fair market value of more than \$500.00. Also list any assets that someone else is holding on your behalf.)						
	<b>I/J S/D</b>	<b>Description of Asset/ Reason Transferred/Sold</b>	<b>Date of Transfer/Sale</b>	<b>Original Cost</b>	<b>Amount You Received, if Any</b>	<b>Name of Purchaser or Person Holding the Asset</b>	<b>Sale Price or Fair Market Value at Transfer</b>
Section N	<b>NAMES OF SHAREHOLDERS OR PARTNERS</b> (Include all shareholders, officers, and/or partners, indicating each respective ownership interest.)						
	<b>Name of Business</b>		<b>Names of Shareholders/Partners</b>			<b>Ownership Interest Percentage</b>	

Initials \_\_\_\_\_ Date \_\_\_\_\_

Last Name -			
Section O	ASSETS YOU WILL LIQUIDATE (Include all assets you intend to liquidate to satisfy any criminal monetary penalties that may be imposed.)		
	Asset Description	Estimated Value of Asset	Date You Will Liquidate
	Current Location of Asset (if real property, county and state)		
Section P	PROSPECT OF INCREASE IN ASSETS (Give a general statement of the prospective increase of the value of any asset you own.)		

<b>Last Name -</b>							
Section A	<b>LIABILITIES</b>						
	<b>CHARGE ACCOUNTS AND LINES OF CREDIT</b> (Include all bank credit cards, lines of credit, revolving charge accounts, etc.)						
	<b>I/J S/D</b>	<b>Type of Account or Card</b>	<b>Name and Address of Creditor</b>	<b>Credit Limit</b>	<b>Amount Owed</b>	<b>Credit Available</b>	<b>Minimum Monthly Payment</b>
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
Section B	<b>OTHER DEBTS</b> (Include mortgage loans, notes payable, delinquent taxes, and child support.)						
	<b>I/J S/D</b>	<b>Owed To</b>	<b>Address</b>	<b>Relationship (if any)</b>	<b>Amount Owed</b>	<b>Reason Owed</b>	<b>Monthly Payment</b>
Section C	<b>PARTY TO CIVIL SUIT</b> (Include any civil lawsuits you have ever been a party to.)						
	<b>I/J S/D</b>	<b>Name of Plaintiff in the Case</b>	<b>Court of Jurisdiction and County</b>	<b>Case Number</b>	<b>Date of Suit Filed</b>	<b>Date of Judgment</b>	<b>Judgment Amount/ Unpaid Balance</b>
Section D	<b>BANKRUPTCY FILINGS</b> (Include information requested for any Chapter 7, 11, or 13 bankruptcy filings you have ever been a party to as an individual or as a business entity.)						
	<b>I/J S/D</b>	<b>Type of Bankruptcy (Voluntary or Involuntary)/ Name and Address of Trustee</b>	<b>Bankruptcy Case Number</b>	<b>Bankruptcy Court of Jurisdiction</b>	<b>County and State of Discharge</b>	<b>Date Filed</b>	<b>Date of Discharge</b>

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **APPENDIX F**

### **MONTHLY CASH FLOW STATEMENT**

Last Name	First Name	Middle Name	Social Security Number

### Instructions for Completing Monthly Cash Flow Statement

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer a statement fully describing your financial resources, including a complete listing of all monthly cash inflows and outflows.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your spouse, significant others, or dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Amendments were made to 18 U.S.C. §§ 3663 (a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(b)(4)(F) to clarify that the assets owned, jointly owned, or controlled by a defendant; liabilities, and the financial needs and earning ability of a defendant and a defendant's dependents are all relevant to the court's decision regarding a defendant's ability to pay. Your Cash Flow Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) living in your home that you enjoy the benefits of or make occasional contributions toward.

Please complete the Monthly Cash Flow Statement in its entirety. You must answer "None" to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries must be accompanied by supporting documentation (see Request for Cash Flow Statement Financial Records (Prob. 48C)). Initial and date each page (including any attached pages) and sign and date the last page of the Cash Flow Statement.



Last Name -

## MONTHLY CASH FLOW STATEMENT

### Monthly Cash Inflows

Defendant	Gross	Net
<b>Your Salary/Wages</b> (List both monthly gross earnings and take-home pay after payroll deductions.)		
<b>Your Cash Advances</b> (List all payroll advances or other advances from work.)		
<b>Your Cash Bonuses</b> (List all payments from work in addition to your salary that are not an advance.)		
<b>Commissions</b> (List all non-employee earnings as an independent contractor.)		
<b>Business Income</b> (List both monthly gross income and net income after deducting expenses.)		
<b>Interest</b> (List all interest earned each month.)		
<b>Dividends</b> (List all dividends earned each month.)		
<b>Rental Income</b> (List all monthly income received from real estate properties owned.)		
<b>Trust Income</b> (List all trust income earned each month.)		
<b>Alimony/Child Support</b> (List all alimony or child support payments received each month.)		
<b>Social Security</b> (List all payments received from Social Security.)		
<b>Other Government Benefits</b> (List all amounts received from the government not yet reported (e.g., Aid to Families with Dependent Children.)		
<b>Pensions/Annuities</b> (List all funds received from pensions and annuities each month.)		
<b>Allowances-Housing/Auto/Travel</b> (List all funds received from housing allowances, auto allowances, travel allowances, and any other kind of allowance.)		
<b>Gratuities/Tips</b> (List all gratuities and tips received each month from any and all sources.)		
<b>Spouse/Significant Other Salary/Wages</b> (List all gross and net monthly salary and wages received by your spouse or significant other.)		
<b>Other Joint Spousal Income</b> (List any monthly income jointly earned with your spouse or significant other [e.g., any income from spouse or income from a business owned or operated by the spouse that you have a joint ownership interest in or control]).		
<b>Income of Other In-House</b> (List all monthly income of others living in the household or the monthly amount actually paid for household bills by these persons.)		
<b>Gifts from Family</b> (List all amounts received as gifts from family members each month.)		
<b>Gifts from Others</b> (List all gifts received from any sources not yet reported.)		
<b>Loans from Your Business</b> (List all loan amounts received each month from all businesses owned or controlled by you.)		
<b>Mortgage Loans</b> (List all amounts received each month from mortgage loans owed to you.)		
<b>Other Loans</b> (List all other loan amounts received each month not yet reported.)		
<b>Other</b> (specify) (List all other amounts received each month not yet reported.)		
<b>TOTALS</b>	\$0.00	\$0.00

<b>Last Name -</b>	
<b>Necessary Monthly Cash Outflows</b>	
	<b>Amount</b>
<b>Rent or Mortgage</b> (List monthly rental payment or mortgage payment.)	
<b>Groceries</b> (List the total monthly amount paid for groceries and number of people in your household.)      #	
<b>Utilities</b> (List the monthly amount paid for electric, heating oil/gas, water/sewer, telephone, and basic cable.)	
<b>Electric</b>	
<b>Heating Oil/Gas</b>	
<b>Water/Sewer</b>	
<b>Telephone</b>	
<b>Basic Cable</b> (no premium channels)	
<b>Transportation</b> (List monthly amount paid for gasoline, motor oil, necessary auto repairs, or the cost of public transportation.)	
<b>Insurance</b> (List the monthly amount paid for auto, health, homeowner/rental, and life insurance.)	
<b>Auto</b>	
<b>Health</b>	
<b>Homeowner/Rental</b>	
<b>Life</b>	
<b>Clothing</b> (List the monthly amount actually paid for clothing.)	
<b>Loan Payments</b> (List all monthly amounts paid toward verified loans, other than loans to family members, which are non-allowable expenses.)	
<b>Credit Card Payments</b> (List all monthly credit card or charge card payments.)	
<b>Medical</b> (List all monthly payments for necessary medical care or treatment.)	
<b>Alimony/Child Support</b> (List all alimony or child support payments made each month.)	
<b>Co-payments</b> (List the total monthly payments made for electronic monitoring and drug and mental health treatment.)	
<b>Other</b> (specify) (List all other necessary monthly amounts paid each month not yet reported.)	
<b>Other Factors That May Affect Monthly Cash Flow</b> (Describe)	
<b>TOTAL</b>	<b>\$0.00</b>
<b>NET MONTHLY CASH FLOW: \$            0.00            (CASH INFLOWS LESS NECESSARY CASH OUTFLOWS)</b>	
<b>MONTHLY CRIMINAL MONETARY PENALTY PAYMENT: \$</b>	
<b>PROSPECT OF INCREASE IN CASH INFLOWS</b> (Give a general statement of the prospective increase of the value of any cash inflows reported.)	

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **APPENDIX G**

### **INFORMATION RELATING TO UNLAWFUL POSSESSION OF FIREARMS**

## **INFORMATION RELATING TO UNLAWFUL POSSESSION OF FIREARMS**

### **United States Probation Office Western District of Missouri**

Title 18, United States Code, Section 922 makes it unlawful for any person convicted of a crime punishable by imprisonment for a term exceeding one year to ship, transport in interstate commerce, or possess a firearm, ammunition, or explosive device.

Missouri and Kansas laws also carry certain prohibitions regarding the possession of firearms.

If you need further information about state firearms laws, contact your county attorney or county sheriff. If you need any information regarding federal firearms laws, contact the Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATFE).

You may also be in violation of the law if you are in “constructive” possession of a firearm. This essentially means that you may not put yourself in a position where you have physical access to firearms. You may be held responsible for weapons in or near your possession, including in vehicles in which you may be a passenger.

Your probation officer is available to discuss with you any questions you may have about how to dispose of firearms you currently possess or own or to further refer you to the appropriate authorities for the handling of these matters.

The only provision in federal law that would explicitly relieve you of the federal firearms restrictions is a presidential pardon. The United States Supreme Court has ruled that a pardon from a state and restoration of civil rights does not remove the prohibition to possess firearms imposed by federal law as a result of a federal conviction. Also, ATFE is no longer authorized by law to provide relief from firearms restrictions.

### **Acknowledgment:**

I have read, or had read to me, and understand the above restrictions on firearms and have received a copy.

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Signature of Offender

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Date

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Signature of Probation Officer

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Date